

**U.S. Department of Justice  
United States Marshals Service**

**PROCCESS RECEIPT AND RETURN**

*See instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.*

PLAINTIFF

Federal Insurance Co., et al

DEFENDANT

Aloaida, et al

COURT CASE NUMBER

03-CV-6978 (SDNY)

TYPE OF PROCESS

Personal

**SERVE**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Mohammed Sadeek Odeh

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code, 3

10 Boulevard of Prisons  
ence Po Box 8500  
et Highway 61 South, Florence, Co  
81226

AT

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

—°

J. Scott Tarbutton, Esq.  
Cozen O'Connor  
1900 Market Street  
Philadelphia, PA 19103

— Num tr of process to be  
I served with this Form - 285

1

Number of parties to be  
served in this case

2525

<sup>1</sup> Check for service  
~ on U.S.A.



**SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE** *(Include Business and Alternative Addresses, All Telephone Numbers, and Estimated Times Available For Service):*

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

LX PLAINTIFF

TELEPHONE NUMBER

u-t

DATE

DEFENDANT

215-665-7255

6-2-04

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated.  
*(Sign only first USM 285 if more than one USM 285 is submitted)*

Total Process	District of Origin	District to Serve	Sign. of Authorized USM'sIep ty or Clerk	Date
	No. 54	No.	ra	

I hereby certify and return that I  have personally served,  have legal evidence of service have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above *(See remarks below)*

Name and title of individual served *(if not shown above)*

A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address *(complete only if different than shown above)*

Date of Service Time am

10-29-04	1505	pm
Signature of U.S. Marshal or Deputy		
<i>Ray B. C.</i>		

Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal or Amount of Refund  
*(including endeavors)*

REMARKS:

*2 hrs, see*